

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>212548983</b>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>RAYTHEON COMPANY</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CT CORPORATION SYSTEM</b>  <b>4701 COX RD STE 301</b>  <b>GLEN ALLEN, VA 23060-6802</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>DE</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>12/31/2012</b></p> <p>SCC ID NO: <b>F0563991</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>1,450,000,000</td> </tr> <tr> <td>PREFER</td> <td>200,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,450,000,000	PREFER	200,000,000
CLASS	AUTHORIZED							
COMMON	1,450,000,000							
PREFER	200,000,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 870 WINTER STREET</p> <p style="text-align: center;">CITY/ST/ZIP: WALTHAM, MA 02451</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DANIEL J CROWLEY  TITLE: VICE PRESIDENT  ADDRESS: 2501 W UNIVERSITY DR  CITY/ST/ZIP/CO: MCKINNEY, TX 75071 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DANIEL J CROWLEY TITLE: VICE PRESIDENT ADDRESS: 2501 W UNIVERSITY DR CITY/ST/ZIP/CO: MCKINNEY, TX 75071	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LYNN A DUGLE  TITLE: VICE PRESIDENT  ADDRESS: 1200 S JUPITER RD  CITY/ST/ZIP/CO: GARLAND, TX 75042 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LYNN A DUGLE TITLE: VICE PRESIDENT ADDRESS: 1200 S JUPITER RD CITY/ST/ZIP/CO: GARLAND, TX 75042	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LAWRENCE J HARRINGTON  TITLE: VICE PRESIDENT  ADDRESS: 235 WYMAN ST  CITY/ST/ZIP/CO: WALTHAM, MA 02451 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LAWRENCE J HARRINGTON TITLE: VICE PRESIDENT ADDRESS: 235 WYMAN ST CITY/ST/ZIP/CO: WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
NAME: LAWRENCE J HARRINGTON TITLE: VICE PRESIDENT ADDRESS: 235 WYMAN ST CITY/ST/ZIP/CO: WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR						
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NAME: MICHAEL M HOEFFLER TITLE: VICE PRESIDENT ADDRESS: 870 WINTER ST CITY/ST/ZIP/CO: WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR						

NAME:	THOMAS M KENNEDY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	50 APPLE HILL DR		
CITY/ST/ZIP/CO:	TEWKSBURY, MA 01876		
NAME:	TAYLOR W LAWRENCE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1151 E HERMANS RD		
CITY/ST/ZIP/CO:	TUCSON, AZ 85706		
NAME:	EDWARD MIYASHIRO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1151 E HERMANS RD		
CITY/ST/ZIP/CO:	TUCSON, AZ 85706		
NAME:	REBECCA R RHOADS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	870 WINTER ST		
CITY/ST/ZIP/CO:	WALTHAM, MA 02451		
NAME:	MARK E RUSSELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	870 WINTER ST		
CITY/ST/ZIP/CO:	WALTHAM, MA 02451		
NAME:	PAMELA A WICKHAM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	870 WINTER ST		
CITY/ST/ZIP/CO:	WALTHAM, MA 02451		
NAME:	M DAVID WILKINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	870 WINTER ST		
CITY/ST/ZIP/CO:	WALTHAM, MA 02451		
NAME:	MICHAEL J WOOD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	870 WINTER ST		
CITY/ST/ZIP/CO:	WALTHAM, MA 02451		
NAME:	RICHARD R YUSE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2000 E EL SEGUNDO BLVD		
CITY/ST/ZIP/CO:	EL SEGUNDO, CA 90245		
NAME:	BROOKE M BARTLESON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SEC		
ADDRESS:	870 WINTER ST		
CITY/ST/ZIP/CO:	WALTHAM, MA 02451		
NAME:	JAY B STEPHENS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/GC/S		
ADDRESS:	870 WINTER STREET		
CITY/ST/ZIP/CO:	WALTHAM, MA 02451		

NAME:	WILLIAM H SWANSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIR/CEO		
ADDRESS:	870 WINTER STREET		
CITY/ST/ZIP/CO:	WALTHAM, MA 02451		
NAME:	THOMAS M CULLIGAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	1100 WILSON BLVD		
CITY/ST/ZIP/CO:	SUITE 2000 ARLINGTON, VA 22209		
NAME:	KEITH J PEDEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	870 WINTER STREET		
CITY/ST/ZIP/CO:	WALTHAM, MA 02451		
NAME:	DAVID C WAJSGRAS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/CFO		
ADDRESS:	870 WINTER ST		
CITY/ST/ZIP/CO:	WALTHAM, MA 02451		
NAME:	VERNON E CLARK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	16085 WEST WINDSOR AVE		
CITY/ST/ZIP/CO:	GOODYEAR, AZ 85395		
NAME:	JOHN M DEUTCH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	77 MASSACHUSETTS AVE		
CITY/ST/ZIP/CO:	BLDG 6, ROOM 6-215 CAMBRIDGE, MA 02139		
NAME:	STEPHEN J HADLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2246 CATHEDRAL AVE, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20008		
NAME:	FREDERIC M POSES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE CENTENNIAL AVE		
CITY/ST/ZIP/CO:	PISCATAWAY, NJ 08855		
NAME:	MICHAEL C RUETTIGERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	453 BEDFORD AVE		
CITY/ST/ZIP/CO:	CARLISLE, MA 01741		
NAME:	RONALD L SKATES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	265 FRANKLIN ST		
CITY/ST/ZIP/CO:	20TH FLOOR BOSTON, MA 02110		
NAME:	WILLIAM R SPIVEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2100 CAVALIER WAY		
CITY/ST/ZIP/CO:	FLOWER MOUND, TX 75022		

NAME: TITLE: ADDRESS:  CITY/ST/ZIP/CO:	LINDA G STUNTZ DIRECTOR 555 12TH ST, NW SUITE 630 WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS:  CITY/ST/ZIP/CO:	JAMES E CARTWRIGHT DIRECTOR 1800 K Street NW Suite 400 Washington, DC 20006	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ BROOKE M BARTLESON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BROOKE M BARTLESON, ASST SEC PRINTED NAME AND CORPORATE TITLE	12/19/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			